

EXHIBIT

C


MEDICAL TREATMENT OF PRISONER
 PD 244-150 (Rev. 12-99) Pent-RMU

Date 1/27/15

(323)

SECTION I - TO BE COMPLETED BY N.Y.P.D.									
Prisoner's Name (Last, First, M.I.) (Print) <u>Line 2 Rosic</u>								Age <u>49</u>	Sex <u>F</u>
Address <u>65-10 Parsons Blvd</u>						Zip Code <u>11367</u>	Apt. <u>5B</u>	Telephone No.	
Arresting Officer: <u>PO [Signature]</u>		Rank (Print) Name (Last, First, M.I.)		Signature		Shield No.		Tax Reg. No.	Command
Arrest No. <u>015633684</u>		Cmd. Of Arrest <u>107</u>		Charge <u>2.1.1</u>		948294		67	
Escort Officer:		Rank (Print) Name (Last, First, M.I.)		Signature		Shield No.		Tax Reg. No.	Command
Prisoner Requests/Requires Medical Aid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Prisoner Refused Medical Aid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date <u>1/27/15</u>		Time <u>2:00</u>	
Transported To Hospital (Name)		Date	Time	Via Patrol	RMP #	ACR #	Operator Rank (Print) Name (Last, First, M.I.)		
<u>SC 21</u>		<u>1/27/15</u>	<u>3:05</u>		<u>SC 24</u>		<u>Line 2</u>		
Returned From Hospital		Attempted Suicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Nature Of Illness/Injury <u>Swollen Throat</u>			If Injury <input type="checkbox"/> Old <input type="checkbox"/> New		
Date		Time		E. S. U. Responded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)		
Restraining Devices Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Type <u>Legs</u>		<input type="checkbox"/> No					
Prescription Medication Possessed At Arrest <input checked="" type="checkbox"/> No		Prescription Number And Name Of Physician				Pharmacy / Phone No.		Property Clerk Invoice No./Cmd.	
Remarks: <u>Pt. to Throat Injury requires</u> <u>for help</u> <u>due to pt. for throat injury - X-rays are normal.</u> <u>Pt. found splinter due to bandage and swelling</u>									

Prisoner Refused Medical Aid In The Field <input type="checkbox"/> Yes <input type="checkbox"/> No		Prisoner Refused Medical Aid At The Command <input type="checkbox"/> Yes <input type="checkbox"/> No		Prisoner Refused Medical Aid Within The Court Section <input type="checkbox"/> Yes <input type="checkbox"/> No		Recommend Prisoner Be Separated From General Population <input type="checkbox"/> Yes <input type="checkbox"/> No			
E.M.S. Field Personnel		Print Name (Last, First, M.I.)		Shield #		Date		Time	
E.M.S. Court Section		Print Name (Last, First, M.I.)		Shield #		Date		Time	
NYPD Supervisor/Desk Officer		Rank (Print) Name (Last, First, M.I.)		Signature		Cmd. Of Arrest/Court Section		Date	
Admitted To Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No		Suicide Watch Recommended By Hospital Staff <input type="checkbox"/> Yes <input type="checkbox"/> No		Transfer to Psychiatric Hospital Recommended By Hospital Medical Staff <input type="checkbox"/> Yes <input type="checkbox"/> No		Medication Prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No		Medication To Be Taken As Prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication To Travel With Prisoner <input type="checkbox"/> Yes <input type="checkbox"/> No		Refer To Psychiatric Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No							
Print Name (Last, First, M.I.)		Signature		Title		Date		Time	
NYPD Court Section Supervisor		Rank (Print) Name (Last, First, M.I.)		Signature		Court Section		Date	
Received By Department Of Correction		Rank (Print) Name (Last, First, M.I.)		Signature		Shield / I. D. #		Date	

DISTRIBUTION: 1. WHITE, 2. BLUE, 3. PINK - DEPT. OF CORRECTION, 4. BUFF - CMD. OF ARREST, 5. GREEN - ARRAIGNING JUDGE.
 (Receipt will be obtained by Escorting Officer on PINK COPY and returned to COURT SECTION facility. Upon receipt of PINK COPY, COURT SECTION Supervisor will remove BUFF COPY from FILE and forward it to COMMAND OF ARREST FOR FILE.)

NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL

DEF000462